



Utilization Management
Adherence Audit of Participating IPAs

HMO Policy and Procedure

BLUE CROSS AND BLUE SHIELD OF ILLINOIS
PROCEDURE

DEPARTMENT: Network Provider Performance	POLICY NUMBER Administrative-60A	ORIGINAL EFFECTIVE DATE: 1/1/2000
POLICY TITLE: Utilization Management Adherence Audit of Participating IPAs		EFFECTIVE DATE: 03/01/2022
		LAST REVISION DATE:03/01/2021
EXECUTIVE OWNER: DSP, IL Health Care Delivery	BUSINESS OWNER: Manager Clinical Operations	LAST REVIEW DATE: 03/01/2022

I. SCOPE

This Procedure applies to the following lines of business and products:

Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)	In Scope [x]
HMO Commercial	x
HMO Exchange	x
Health Care Delivery QI HMO Commercial	
Health Care Delivery QI PPO Commercial	
Health Care Delivery QI HMO Exchange	
Health Care Delivery QI PPO Exchange	
Medicare Advantage HMO	x

II. PROCEDURE

The HMO **Clinical Delegation Coordinator (CDC)** performs the audit of IPA UM activities. The Adherence Audit Tool is used to measure compliance with HMO requirements. Audit scoring methods are reviewed with the IPA at the time of the audit. The IPAs receives a written report following the audit.

The HMO Clinical Delegation Coordinator (CDC) performs the audit of IPA UM activities on a semi-annual basis. The Adherence Audit Tool located in the Provider Portal is used to measure compliance with HMO requirements. The IPAs most recent 4-6 months (depending on availability) of committee meeting minutes are reviewed against HMO requirements in the Provider Portal committee meeting minutes tool. Audit scoring methods are reviewed with the IPA at the time of the audit. Case file scores and resulting audit scores are final and not eligible for appeal once the CDC has completed the audit. Following the completion of the audit the IPA designee and the BCBSIL CDC will sign a post audit agreement/ confirmation letter to demonstrate they agree all items have been reviewed and discussed. The IPA receives a letter detailing the CDC's findings following the audit. The IPA will not receive a score following the first semi-annual audit. Instead, the IPA receives a cumulative score of the results from the first and second semi-annual audits; following completion of the second semi-annual audit.

Audit Requirements:

The HMOs of BCBSIL require a compliance score of at least ninety (90) percent for the audit. Anything under 90% will require a Corrective Action Plan. The HMO reserves the right to re-audit at any time at the HMO’s discretion.

III. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
HMO	Controls are detailed in the Policy itself or if the Controls are lengthy, a summary of the Controls is provided.

IV. RELATED DOCUMENTS

20XX HMO Utilization Management and Population Health Management Plan

V. SOURCE/REFERENCES

Federal/State	Regulatory Requirements & References
	20XX HMO Utilization Management and Population Health Management Plan

VI. IMPACTED BUSINESS AREAS

Network Clinical Programs and Oversight

VII. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Deidre Meyers		02/22/2022
Tammy Wald		02/22/2022

VIII. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Updated the procedure section of the policy	2/24/2022

IX. PROCEDURE APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			2/24/2022